

CLAIMS ONLY

Application Number

10561937

Filing Date

Applicant(s)

multiple dependent

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		2				
12		1				
13						
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18			3			
19			1			
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Total Indep	2		3			
Total Depend	17	18				
Total Claims	19	16				

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						